

County of Rockland Department of Public Transportation Title II of the Americans with Disabilities Act

ADA DISCRIMINATION COMPLAINT FORM

Rockland County's Department of Public Transportation is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of disability as protected by the Americans with Disabilities Act of 1990 (ADA).

If you have a complaint about the accessibility of our transit system or believe you have been discriminated against because of your disability, you can use this form to file a formal complaint. Once completed, return a signed and dated copy to:

ADA Complaint Officer
Rockland County Department of Public Transportation
50 Sanatorium Road, Building T
Pomona, New York 10970
E-mail: Transithelp@co.rockland.ny.us
Fax: (845) 364-2074

1. Complainant's Information:		
Name:		
Address:		
City	State	Zip Code
Daytime phone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. I believe that the discrimination I experienced was based on (check all that apply)		
<input type="checkbox"/> Accessibility issue <input type="checkbox"/> Discrimination based on disability <input type="checkbox"/> Other		
3. Date of alleged discrimination (Month, Day, Year):		
4. Where did the alleged discrimination take place?		

7. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

- Federal Agency (List agency's name)
- Federal Court (Please provide location)
- State Court (Please provide location)
- State Agency (Specify agency)
- County Court (Specify court and county)
- Local Agency (Specify agency)

8. If you checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name:	Title:	
Agency:	Telephone: ()	
Address:		
City:	State:	Zip Code:

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant Signature

Date

Once this form is received by the Rockland County Department of Public Transportation, it will be reviewed to determine whether the complaint constitutes a Title II complaint and/or whether there is sufficient information for an investigation. The complainant will receive an acknowledgement letter informing him/her whether the complaint is covered under Title II and/or if more information is needed for an ADA investigation to take place. To protect your rights, your complaint must be filed within 90 calendar days following the date of the alleged discrimination.